

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	7534	06-5-00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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